# 1349515

#### FORM D

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Temporary FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (□ check if this is an amendment and name has changed, and indicate change.) 6.0% Series A Preferred Stock Convertible Promissory Notes ■ Rule 506 □ Section 4(6) □ ULOE ☐ Rule 505 ☐ Rule 504 Filing Under (Check box(es) that apply): A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) Syncro Medical Innovations, Inc. Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Executive Offices 877-757-1200 20 Federal St., Suite M5-B, Youngstown, Ohio 44503 Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business: Develops and markets magnetically guided feeding tube Type of Business Organization □ other (please specify): ☐ limited partnership, already formed corporation ☐ limited partnership, to be formed □ business trust Month Year 12 M Actual □ Estimated Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires a payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

	TION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>					
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Gabriel, Sabry A.					
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		
c/o Syncro Medical Innovations, Inc., 20	) Federal St., S	rite M5-B, Youngstown	, Ohio 44503		
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·				
The Gabriel Family Trust FBO Nadia S	. Gabriel				
Business or Residence Address		Street, City, State, Zip Co	de)		
c/o Syncro Medical Innovations, Inc., 20	Federal St. S.	ita ME R Vannastawa	Ohio 44503		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	Li Hollotti	D Deliciteian Owner			
,					
Sandoski, Aaron Business or Residence Address	01-110	tuest City State 7in Co.	40		
Business of Residence Address	(Number and 5	treet, City, State, Zip Coo	ue)		
c/o Syncro Medical Innovations, Inc., 20	Federal St., Si	uite M5-B, Youngstown,	, Ohio 44503		
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Frankhouser, Paul					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
/ C Nf - 1! 1 Y Y Y 24		-:4- M5 D. Vannastania	Obi- 44502		
c/o Syncro Medical Innovations, Inc., 20 Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	Li Fidilotei	Belieficial Owlief	L Executive Officer	Director .	Ocheral and/or Managing Fatures
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Norwich Ventures	01 1 1	1 Cia . Ca Zi C.	4.3		
Business or Residence Address	(Number and	Street, City, State, Zip Co	ide)		
1210 Broadcasting Road, Suite 201, Wy	omissing, PA 1	9610			
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
The Gabriel Family Trust FBO Samy S	. Gabriel				
Business or Residence Address		Street, City, State, Zip Co	ode)	<del>,, , , , , , , , , , , , , , , , , , ,</del>	
·					
c/o Syncro Medical Innovations, Inc., 20 Check Box(es) that Apply:		uite M5-B, Youngstown.  ☐ Beneficial Owner	Ohio 44503  Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	Dilector	Ocherar and or Managing Fatther
1 un rame (Lust mane mist, it mairidual)					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
	(		,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	O I TOMOTO	_ Dononvia Owner			- State and Statement and Statement
, , , , , , , , , , , , , , , , , , , ,					
Business or Residence Address (Number and Street, City, State, Zip Code)					
		,			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING		
		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		-
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?	S n/a	
2.	What is the minimum investment that will be accepted from any fixin load.	Yes	No
3.	Does the offering permit joint ownership of a single unit?	=	
4.			
Full Non	Name (Last name first, if individual)		
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)		
Nam	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers	A 11 Ca	
_	(Check "All States" or check individual States)	All States	
_ [	MT] [NE] _[NV] _[NH] _[NJ] _[NM] _[NY] _[NC] _[ND] _[OH] _[OK]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]
Full	name (Last name first, if individual)		
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)		
Nam	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	All States	
_ () _ () _ () _ ()	IL) [IN] [IA] [KS] [KY] [LA] [MĒ] [MD] [MA] [MI] [MN] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]
Full	Name (Last name first, if individual)		
Busi	ness or Residence Address (Number and Street, City, State, Zip Code)		
Nam	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	All States	
_ [1 _ [1 _ [1 _ [1	IL] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ [ME] _ [MD] _ [MA] _ [MI] _ [MN] MT] _ [NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS $% \left( \mathbf{r}\right) =\left( \mathbf{r}\right)$

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter 0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box upand indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	<b>s</b>
	Equity	\$	<b>s</b>
	Common D Preferred		
	Convertible Securities (including warrants)	\$ <u>500,000</u>	\$_500,000
	Partnership Interests	\$	s
	Other (Specify)	\$	s
	Total	\$_500,000_	\$ 500,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$500,000_
	Non-accredited Investors	<del></del>	s
	Total (for filings under Rule 504 only)		¢
	Answer also in Appendix, Column 4, if filing under ULOE		<b>J</b>
	Australia in Appointment, Column 1, It mining and C. 2022		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of Security	Dollar Amount Sold
	Type of offering	200	
	Rule 505		\$
	Regulation A		S
	Rule 504		s
	Total		\$
			<u> </u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	ο.	\$
	Diluting and Francisco Contr		•
	Printing and Engraving Costs		3
	Legal Fees		\$10,000
	Accounting Fees	ם	\$
	Engineering Fees		<b>s</b>
	Sales Commissions (specify finders' fees separately)		<b>s</b>
			•
	Other Expenses (identify)		Ψ
	Total	=	\$ <u>10,000</u>

	C. OFFERING	PRICE, NUMBER OF INVESTORS.	expenses at	VD USE OF PROCEEDS		
	b. Enter the difference between the aggregate and total expenses furnished in response to "adjusted gross proceeds to the assuer."	Part C - Question 4.a. This difference is	the			s 490,000
5.	Indicate below the amount of the adjusted gr for each of the purposes shown. If the amou and check the box to the left of the estimate, adjusted gross proceeds to the issuer set forth	nt for any purpose is not known, furnish a The total of the payments listed must equ	a estimate all the			
				Payments to Officers, Directors, & Affiliates		Payments To
	Salaries and fees	gappo de de aque se entra de la de entre entra de la comunicación de l	D	<u> </u>	O	\$
	Purchase of real estate		O	\$ <u></u>	D	\$
	Purchase, rental or leasing and installation of	machinery and equipment	D	<b>S</b>	D	\$
	Construction or leasing of plant buildings an	d facilities	.0.	\$	o	<b>s</b>
	Acquisition of other business (including the	value of securities involved in this offering	3			
	that may be used in exchange for the assets of merger)		-Œ.	\$	٥	S
	Repayment of indebtedness	podrá výstýskoji popové dlad s di nemiták a podrane neozve s pod nobě <sup>ne</sup> anemye.	:0:	\$	0	<u> </u>
	Working capital	addhainidhean aga ann an a	a	\$ <u> </u>		\$ <u>490.000</u>
	Other (specify):		.D.	\$	0	\$
			<u> </u>			
		akan dan di sanaran yang garanda yang galipan di katipakan banakan katapa	<u> </u>	\$	Ó	\$
	Column Totals			S0	#	5 490,000
	Total Payments Listed (column totals added)				90,000	
		D. FEDERAL SIGNA	TIDE			<del></del>
		D. PEUERAL GIGINA	TORE			
				<del>- mininter to the first of the</del>	<del>**                                   </del>	
ηu	issuer has duly caused this notice to be signed adertaking by the issuer to furnish to the U.S. accredited investor pursuant to paragraph (b)(7)	securities and Exchange Commission, und	n. If this notice on written reques	is filed under Rule 505, the ist of its staff, the information	ollowing furnishe	signature constitutes d by the issuer to any
		er	-			
suc	r (Print or Type)	Signature	n	Date		
yne	ro Medical Innovations, Inc.	Daylok	ind	March & ,2009		
am	e of Signer (Print or Type)	Title of Signer (Print or Type)				
	Wakeford	President				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)